Report to the Harpswell Board of Selectmen

By the Expanded Fire and Rescue Committee

A Strategic Plan for Emergency Medical Services in Harpswell, Maine

October 4, 2011

Committee Members:

- **Chair: David Mercier – Chief, Harpswell Neck Fire and Rescue**
- **William Beazley – Chief, Orr's & Bailey Islands Fire Department**
- **Katherine Chatterjee – resident**
- **John Chiquoine – resident**
- **Len Freeman – resident**
- **Ed Sparks – Captain, Orr's & Bailey Islands Fire Department**
- **Joyce Thomas – Captain, Harpswell Neck Fire and Rescue**
- **Helen Tupper – Captain, Cundy's Harbor Volunteer Fire Department**
- **Benjamin Wallace Jr. – Chief, Cundy's Harbor Volunteer Fire Department**

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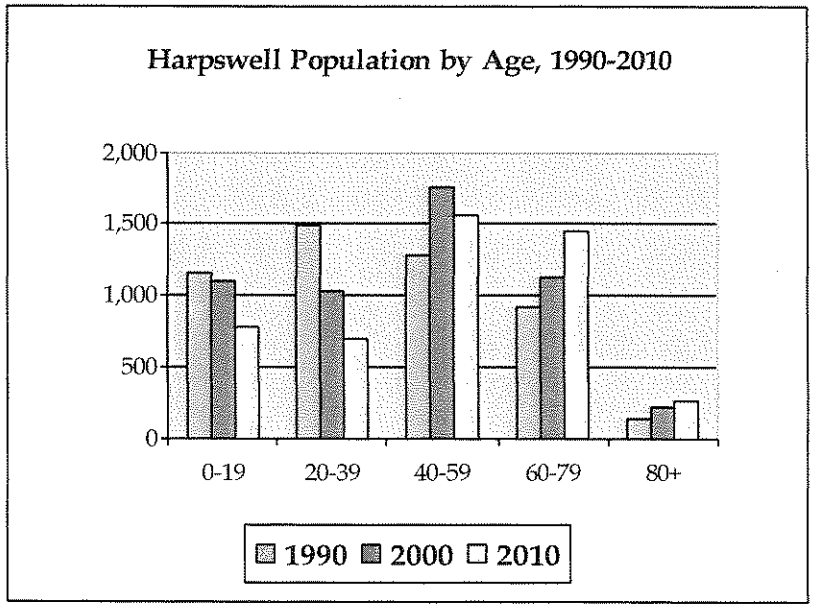
Note: Available at the Town Office is a file containing the following:

- *Committee minutes (16 meetings from December 21, 2010 to October 4, 2011)*
- *Reports and Articles that the Committee consulted*
  - *2008 Emergency Service Consulting incorporated (ESCi) Report*
  - *Maine Townsman Articles: March 2000, November 2007 and July 2010*
  - *St. George Report by Kevin McGinnis dated 2010*
  - *Goodwin Mills Report by Fire Chief H. Rodney Carpenter, undated*
- *2010 Town-wide EMS call data from state government*

I. The Challenge

Harpswell, Maine's rescue services are provided by three independent, nonprofit fire and rescue corporations: Cundy's Harbor Volunteer Fire Department, Harpswell Neck Fire and Rescue, and Orr's & Bailey Islands Fire Department. Each was started over a half century ago. Each has a specific geographic coverage area. Each relies on trained volunteers. Each receives some Town financial support.

Like all volunteer fire and rescue operations across rural America, Harpswell's rescue services have found it increasingly difficult to provide 24/7 volunteer coverage. More residents work outside of the community and families are generally busier today than fifty years ago. In addition, training and paperwork requirements can discourage volunteer participation. For all of these reasons, the Harpswell rescue services have found it difficult to maintain the availability of volunteer emergency responders, particularly during work week hours.



In addition, Harpswell's population is aging. Maine has the oldest median age of any state in the nation, according to the 2010 Census (42.7 years old, compared to the national average of 37.2). For Harpswell, the median age in 2010 was 52.9. The older the population, the more frequent the calls to emergency services.

A growing demand for service (see Appendix A for town emergency calls in the last 10 years), combined with a diminishing availability of volunteers, is creating a problem. The Harpswell rescue services are concerned that they can no longer guarantee provider response to every call and therefore may be unable to meet the obligations of their service agreements with the Town. There have been instances where the department receiving the call has been unable to provide response to its assigned area. Mutual aid calls are increasing. The problems that surfaced in the summer of 2010 recurred in 2011 as our committee was deliberating.

II. Committee Mission

In order to address this issue, the Selectmen of Harpswell appointed a special committee on September 23, 2010. The committee is an expansion of the longstanding Fire and Rescue Committee, composed of the three fire chiefs and three rescue captains from the independent services. The traditional mission of the Fire and Rescue Committee has been:

To facilitate communication among the three independent fire/rescue entities as well as between the three entities and the Town and to foster an environment where the entities can work cooperatively on common objectives that will further the quality and cost effective delivery of fire and rescue services for the Town.

The Selectmen added a new charge to the Fire and Rescue Committee and added three citizens to the Committee for the specific purpose of helping with the new task. The wording of the new charge is as follows:

Specifically, the Committee shall be tasked with developing a strategic plan to address the future delivery of emergency medical services in the Town. This planning process shall include the evaluation of various emergency service models and its outcome shall produce a recommendation to the Select Board, no later than September 1, 2011, with estimated costs and suggested timeframe for implementation of a potentially new service delivery model which could be implemented on an incremental basis.

This due date was later extended to October 1, 2011.

This report is the committee response to the Board of Selectmen's request.

III. Background

Harpswell's emergency medical response is provided by three rescue services. Each is structurally independent of the others. Each is part of its respective fire and rescue department. The three nonprofit fire and rescue departments provide services pursuant to written agreements with the Town which specify, among other things, the geographic area for which each department is responsible. Those three areas, and the populations living within them, are relatively equal in size. For the most part, the departments provide basic Emergency Medical Service (EMS) response and transport to local hospitals. Paramedic-level service, when required, is provided under contract between the Town and Mid Coast Hospital through the use of a fly car[1] known locally as "MC-1." The departments have mutual aid agreements with each other and with the Town of Brunswick.

Currently, the Town contributes $180,000 annually to the operations of the three fire and rescue services (equally disbursed at $60,000). Each entity supplements its remaining budget through fundraising, private donations, and grants. One of the services also supplements its income by billing for services provided.

[1] *A "fly car" is a standard automobile, usually a station wagon or SUV, that is used by paramedics to travel quickly to the scene of an emergency. The vehicle carries some of the same equipment as a full size ambulance.*

The Town has other emergency medical expenditures. The Town pays $15,000 each year for Mid Coast Hospital's fly car paramedic service. Following a 2008 outside evaluation of the combined departments' 20-year capital vehicle replacement plan, the Town began to purchase emergency vehicles (including ambulances) and lease them at no cost to the appropriate service. This was done to relieve the volunteer organizations of raising the magnitude of funds needed, considered a disincentive to volunteerism, so that volunteers could focus on response and training. The cost of carrying out the vehicle replacement capital purchase schedule was estimated at the time to be approximately $3 million dollars over a 20-year period.

IV. Fact-finding

The Committee began with three major questions: Where are we now? Where do we want to be? How do we get there?

A. Overview of current EMS operations. The Committee started by listening to the individual rescue services in Harpswell provide an overview of their emergency medical service operations and issues. Their presentations are attached in Appendix A.

B. Guest speakers. The Committee then heard presentations from two professionals with extensive EMS expertise. Below are summaries of their presentations:

Jon Powers, EMT-P, Data and Preparedness Coordinator, Maine Department of Public Safety, Emergency Medical Services

Mr. Powers provided data on 2010 EMS responses in Harpswell. There were a total of 351 Ambulance Run Data Reports submitted to Maine EMS from the Harpswell entities for 2010. 125 of those calls were for Harpswell Neck, 122 for Orr's & Bailey Islands, and 104 for Cundy's Harbor. About 40% of the calls were for the weekday hours between 6 am and 5 pm. In about 40% of the runs, the emergency service was on the road within 5 minutes of the call. Once on the road, 80% reached the destination within 10 minutes. Additional detail on emergency service activity in Harpswell can be found in the complete committee records in a notebook at the Town Office.

Kevin McGinnis, MPS, EMT-P, Program Advisor, National Assn. of State EMS Directors

Mr. McGinnis gave a brief summary of his 37 years working in the EMS field. One of his particular areas of experience and expertise is rural EMS. He posed several questions associated with rural EMS, including: What is wanted? What is expected? How is EMS provided? What are citizen expectations of level of care delivered on each call? What happens when the current EMS system can no longer deliver/meet the expectations? Mr. McGinnis stated that, statistically, 80% of EMS callers expect paramedic-level care to arrive at their door. He also indicated that the

most difficult time of day (for a volunteer service) to provide adequate staffing is during workdays.

Mr. McGinnis spoke briefly about using cash stipends to increase volunteer availability during the workday. He said that there is little evidence to demonstrate that such a system makes a difference. People are either available or not, regardless of whether or not they may gain some financial reward for responding. Mr. McGinnis acknowledged that reporting requirements have complicated matters and that there is a learning curve to gain speed on using the system. Smaller volume services have less opportunity to get familiar with the system and the system itself creates frustrations.

Mr. McGinnis encouraged the Committee to define the specific problem(s) facing Harpswell service providers. Does the traditional volunteer model meet the demand for EMS services? He encouraged the Committee to be open to examining different operational models, to explore new areas of cooperation among the three Harpswell fire/rescue departments, to consider utilizing a "central response/fly car" model, to develop specific request for proposals to send to potential EMS service providers. Do we want EMS leadership, management help, responders only? Do we want an ambulance? Paramedic level? Weekdays only?

Mr. McGinnis brought the discussion back to the concept of the Committee developing a very specific RFP. He suggested taking the two specific identified concerns of daytime coverage and administrative burden as the focus of developing an RFP.

V. Possible Models

As part of its strategic planning process, the Committee developed a standard questionnaire to seek responses and cost estimates from various entities that might be willing to provide the Town with paramedic services, training, and administrative support (see Appendix B for letter and questionnaire). The following is a summary of those responses, as well as committee comments (for complete responses, see Appendix C):

- Mid Coast Hospital—Proposed three possible scenarios ranging in cost from $123,183 to $345,861 annually.

  Comment: This proposal most closely met the request from the committee. The Town has a long-term history with this service and many residents use the Mid Coast hospital family of services. The stated goal of Mid Coast Hospital is to expand its community outreach services to the local area.

- Town of Brunswick— Brunswick officials did not think they could provide contract paramedic services at this time; therefore, no response was developed. The Fire Chief offered continued mutual aid assistance as needed.

- Northeast Mobile Health Services—This for-profit service developed multiple alternatives ranging in cost from $115,000 to $750,000 annually.

  Comment: Northeast Mobile Health Services is a for-profit entity. They do provide similar type services to several towns, but the representative who met with us was unable to guarantee the continuity of staffing that the committee felt would be necessary to make this work for the Town of Harpswell.

- Parkview Hospital—Three options were proposed ranging in cost from $138,000 to $277,000 annually, utilizing resources of the Town of Freeport.

  Comment: This team does not currently provide the type of services we requested, and has no background history with the Town of Harpswell.

- Town of Harpswell Employee—Personnel and overhead costs only were derived for per diem employees (no benefits) ranging in cost from $62,660 to $85,444 for daytime coverage periods. Vehicle and other costs were not included.

VI. Recommendations

Our goal is to improve the quality and coverage of emergency medical services for Harpswell residents, while sustaining the viability of the current emergency services system.

To this end, a majority of the committee, with one member dissenting, recommends that the Town negotiate with Mid Coast Hospital to provide paramedic service and administrative support from 6 am to 6 pm from Monday to Friday.

More details of our thinking and about the recommendation are set out below:

1. **The Town should supplement the volunteer responders of the rescue associations with paid staff.**

   After considering all the alternatives, our committee unanimously concluded that our rescue service volunteers needed to be supplemented by paid staff. This is necessary to insure the reliability of emergency medical service responses. The question then was to identify the most efficient way to arrange it.

2. **The Town should obtain paid staff through a contract with an outside provider, rather than hiring in-house.**

   The committee discussed various options for providing paid emergency services with statewide experts, prospective outside contractors, and municipal officials. The majority of the committee felt that there fewer risks for the town in contracting out for the service, as opposed to hiring a director and per diem staff

in-house. The town has no current expertise in-house, and the need to hire and fire workers could create many administrative problems. Since there would be no depth to the Town program, it could be difficult to fill in gaps if an EMS employee should leave suddenly for any reason. It was uncertain as to whether it would be more or less expensive to hire part-time people and pay them an hourly rate without benefits. If, however, turnover was high (as these people went on to better jobs), administration of the program could become burdensome. The majority of the committee, with one member abstaining, felt it would be more advantageous for the Town to utilize a contractor with experience in the field.

3. **The Town should seek an outside contractor with the following qualities:**

    - **a nonprofit service provider**
    - **proven reliability**
    - **depth of qualified staff**
    - **a home office location near to the Town**
    - **a track record of working successfully with the Town**
    - **familiarity with the needs and special issues of the Town**
    - **a flexible approach to working with the Town**

    The tasks being requested from the contractor are matters of life and death. It is essential that the contractor has proven qualities of reliability, skill, and availability and that there is mutual trust between the Town and the contractor. This should not be a contract to experiment with new people and new approaches.

4. **The Town should negotiate a sole-source contract for paid paramedic and administrative support services with Mid Coast Hospital which is the only available provider that meets all of the criteria above.**

    Mid Coast Hospital has long experience working closely with the three fire/rescue services, and with the Town in providing community interceptor service (MC-1). Representatives of all three fire/rescue services feel strongly that Mid Coast Hospital would be a trusted partner for emergency services and further that none of the other potential contractors meets all of the requirements above.

    The majority of the committee, with one member dissenting, felt that in a case like this, where only one provider met the committee's criteria, the appropriate approach for the Town is to negotiate a sole source contract with that provider, which in this case would be Mid Coast Hospital.

5. **The Town should seek the following elements in its contract with Mid Coast Hospital:**

    - **provision of a dedicated paramedic located within Harpswell, 12 hours a day from 6 am to 6 pm, 5 days a week (Monday-Friday)**

- **continued community interceptor service back-up availability 24/7 (no longer as a separate contract, but folded into this one)**
- **vehicle and medical equipment for the paramedic's use (this does not preclude different possible ownership, financing, and vehicle-sharing arrangements)**
- **provision of all training and continuing education requirements for staff and volunteers for the three rescue services on a regular basis**
- **management of the state reporting requirements for itself and for the other three services in Harpswell**
- **assistance to the three services in complying with state and federal regulations, including (but not limited to) OSHA and worker safety procedures, TB screening, and the like**
- **regular performance reporting to the Town on service quality and responsiveness**
- **a contract period that is acceptable to both parties, with renewal option**
- **flexibility within the contract to increase paramedic coverage, at agreed-upon rates and terms, during the course of the contract**
- **flexibility in the contract to deal with other issues as they arise**

Mid Coast Hospital personnel made a proposal along these lines over the summer and had a discussion with the committee about many of these items, so the topics will be familiar. Improvement in emergency service coverage is the primary intended outcome of such an arrangement. However, the prerequisites listed above such as providing training and handling of paperwork may relieve volunteer emergency responders of time-consuming burdens. The hope is that this will make it easier to recruit and retain volunteers.

6. **The Town should be prepared to provide Mid Coast Hospital with support for the service in the form of:**

    - **a heated garage**
    - **nearby office space**
    - **an internet connection**
    - **a telephone**

    As part of its proposal to the committee, Mid Coast Hospital representatives said that they would want the Town to provide a heated garage for the vehicle (medications and medical equipment need a climate-controlled setting), office space nearby for the paramedic (particularly if this person will be providing paperwork and compliance help to the three services), and phone and internet service. While all of this is negotiable, the Town should expect that there will be expenses in this arrangement beyond that of the contract with Mid Coast itself. The office should be established in or next to the Town Office, and the garage nearby. One rescue unit representative estimated that, based on his experience, the new garage could cost in the $150,000 to $200,000 range.

7. **The Town should put the new arrangement into place as soon as possible, with a start-up date in the summer of 2012.**

   The need for the service exists. The solution chosen by the committee appears to fit the immediacy of the need. Further, committee members recommend that the service be started as soon as possible. The local rescue services are willing to provide temporary accommodations for the office and garage during the start-up period if this is needed to speed up the process.

8. **The Town should establish an independent committee of local residents to evaluate the effectiveness of the new arrangement.**

   The recommended new service will cost the taxpayers of Harpswell additional funds . In light of the ever-increasing burden on the taxpayer, it is imperative that an evaluation mechanism be established to assess the intended outcomes derived from this committee's recommendations. Those outcomes include:

   - **earlier paramedic intervention**
   - **improved call coverage**
   - **less of an administrative burden on volunteers**

   Besides improving emergency services for Harpswell residents, the committee hopes that the new arrangement will also preserve volunteer participation in the three local rescue services.

   While the rescue units and Mid Coast Hospital can provide data for such an evaluation, they are not the appropriate bodies to conduct the evaluation. The evaluation should be done by people that have no role in the actual provision of emergency services in Town and have no stake in the conclusions that such a report might generate. An evaluation mechanism needs to be defined and all data sources need to be utilized as well as interviews with informed emergency service providers.

The existing Fire and Rescue Committee, consistent with its ongoing mission, stands ready to assist the Town's Selectmen and staff in any way possible whenever needed.

Town of Harpswell

Fire and Rescue Committee

Strategic Planning

Minority Report by

Len Freeman

This minority report is in two parts. The first, Annex A, is a stand-alone report to the Selectmen. Annex B contains dissenting comments on recommendations contained in the Majority Report.

October 1, 2011

Annex A: Report to Selectmen

While I concur with the majority's recommendation to seek daytime paramedic and administrative support, this Minority Report is submitted because, in my view, the committee has failed in its responsibility to address the task posed by the Selectmen. The Mission Statement required a strategic plan; the majority report is a tactical expediency at best. The majority report presents an interim solution that fails to address the fundamental issue facing all three Harpswell emergency medical service (EMS) providers: we are running out of volunteers.

BACKGROUND

The problem in need of a strategic plan is best stated in the words of those who confront that problem.

> *Harpswell is blessed with a skilled, dedicated, caring group of EMS volunteers. However, when the tone goes out, especially daytime, these volunteers ... are Limited in number... might find themselves as the only responder... are conflicted and frustrated. These volunteers want to do EMS and do it well, but life and job interfere. It is a sort of "caught in the middle" feeling... frustrating and discouraging, not emotions that engender or encourage volunteerism.*
>
> Source: Proposal from the Rescue Chief, Harpswell Neck

> *... our primary concern is the present and future availability of daytime available EMS personnel. The committee needs to recognize the issue, recognize the average age of current personnel, our ability to recruit volunteers, how this affects our community, and how to prepare for the future EMS needs of Harpswell. We need to explore alternatives. Although our primary focus is EMS, we must recognize that Fire services may soon be an issue to address.*
>
> Source: Minutes 12/21/1010: Remarks from Fire Chief, Harpswell Neck

> *The biggest problem as I see it is a small pool of residents to draw from that have time available to dedicate to the time constraints of training, licensing, and maintaining those licenses, while still being available to respond to calls. We are an aging community made up of many second or retirement homes. Young families cannot afford to buy into the high priced real estate market or find reasonable rents, and still be able to commit time as a volunteer responder.... If I was to guess, we will be ok [over the next 5 years] based on current age of members and participation level of active licensed responders*
>
> Source: Communication to committee, January 16, 2011, from Rescue Chief, Orr's & Bailey Islands

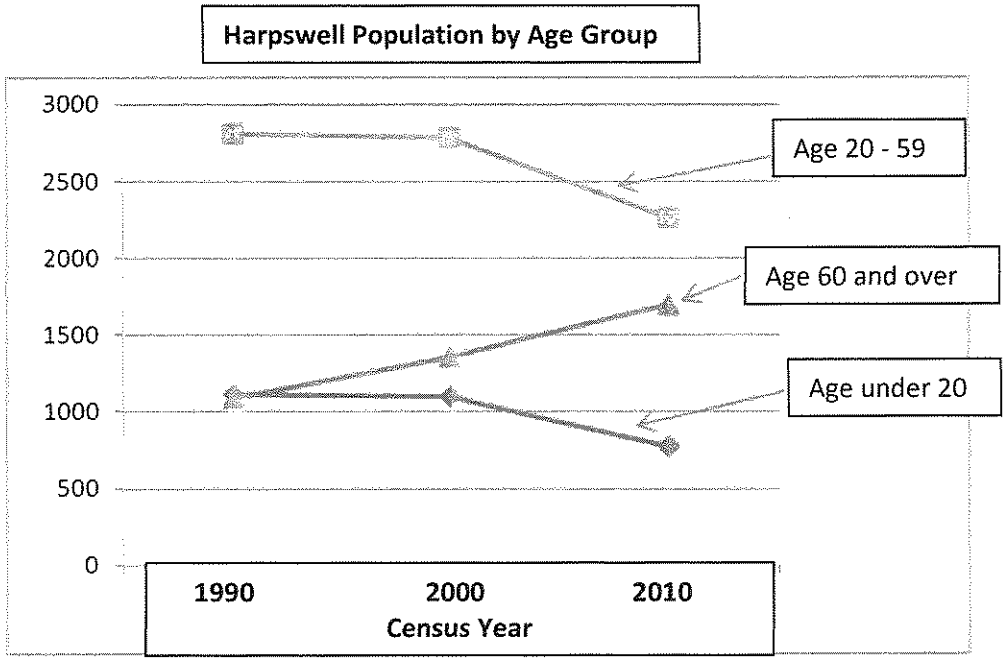
> *Our ranks have thinned, and we often find ourselves with just one or two EMT's at the scene instead of several. We have been able to provide the coverage, but it's the same few people over & over, and we are concerned about the size of our squad.*
>
> Source: Communication to committee, January 18, 2011, from Rescue Chief, Cundy's Harbor

> *Half of the volunteers at the Cundy's Harbor substation are over 50 years of age, while only four are under 40. Looking ahead the department will need to replace a number of current members as they retire. It also needs to increase the number of firefighters and EMTs immediately to assure that there are a sufficient number of first responders to meet any contingency. This is especially true during the daytime.*
>
> Source: Harpswell *Anchor*, "Crisis in Cundy's Harbor," September 2010

There was a general consensus that the ability to provide EMS at "5 years out" is a concern.
Source: Committee Minutes of 2/1/2011

The latest census figures for Harpswell show why the fire and rescue chiefs have reason for concern. The total population of Harpswell has decreased by 10% in the past ten years. But, as the graph below shows, the shift in population by age group paints a starker picture in its implications on volunteerism in the fire and rescue services.

- The segment of the population most likely to volunteer as fire or rescue responders (those between the ages of 20 and 60) has decreased by about 20 % in the past ten years.
- The segment of the population most likely to require a higher level of emergency medical assistance (ages 60 and over) has increased steadily in the past two decades; about 25% in the past 10 years alone.
- If these trends continue, and there is no reason to assume otherwise, those over age sixty will outnumber those between ages 20 and 59 within ten years.



Source: US Census Bureau

Faced with these difficult trends, the majority of the committee apparently chose to hope that contracting for daytime paramedic and administrative support would solve the problem of a dwindling volunteer pool. But what is needed is that which the Selectmen tasked the committee to do: develop a strategic plan to address the future needs of the people of Harpswell.

DEVELOPING A STRETIGIC PLAN

As the committee learned, the development of a strategic plan involves three steps:

1) Determine where we are now
2) Determine where we need to be in the future
3) Develop a plan to get from where we are now to where we need to be

Where we are now

Based on a common questionnaire, the rescue chiefs provided insights into their current situations. For reasons unknown to me, the committee chose not to develop a statement that summarizes where we are now. Based on the material provided by the rescue chiefs, I submit that our current situation is:

> **The Town of Harpswell has three separate, independent, volunteer rescue services. Funding is provided by a combination of fund raising, private donations, Town appropriations, grants and, in one case, billing for services. The Town purchases the rescue vehicles and leases them to the respective rescue services.**
>
> **Staffing levels appear sufficient for the short term. Day time coverage is more of a problem than at night. Emergency response is reliable. There is concern, however, that service will degrade as population average age increases, and as a result, the demand for complex medical response grows while the availability of volunteers diminishes. Recruitment and retention issues are likely to become critical in the next five years.**
>
> **There is a significant and growing administrative burden placed on the rescue services by federal and state authorities. This burden detracts from the desired objective of focusing on patient services.**

Another aspect of our current situation is that the Town of Harpswell is taking on more and more of a role in funding the three volunteer organizations through tax dollars. This increased financial support by the Town comes without a voice in optimizing the expenditure of these resources to maximize the benefit to the people of Harpswell. Currently, the Town contributes $180,000 annually to the operations of the three fire and rescue services (equally disbursed at $60,000) and directly incurs a cost of $15,000 a year for Midcoast's fly car paramedic level services.[1] Each entity supplements what they get from the Town through fundraising, private donations, and grants; only one entity takes advantage of billing for services. But the expenses of vehicles, equipment, supplies, maintenance, buildings, heat, electricity, etc., keep going up. When there is a shortfall between income and expenses, we can expect the Town to be asked to make up the difference.

A few years ago the Town began purchasing the vehicles for each of the three volunteer organizations. In 2008, that cost was estimated to be approximately $3 million dollars over a 20-year period. To date the town has committed $1,105,650 toward the purchase of new vehicles.[2] At this rate, the Town will spend approximately $5.5 million over the 20 year period. Like it or not, this trend is also clear: slowly, inexorably, the Town will become more and more responsible for Harpswell's emergency services.

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[1] Source: Town of Harpswell
[2] Source: Town of Harpswell

Where we need to be in the future

Only the fire and rescue chiefs can answer this important strategic question. Unfortunately, the question was never addressed in committee. Perhaps there are other bodies willing and able to consider where emergency services need to be in 10 to 20 years. The future well being of the people of Harpswell is too important an issue to ignore in the face of the trends described above.

How to get from where we are now to where we need to be

At this time, the task of charting a course for the Harpswell fire and rescue operations perhaps is best stated by Lewis Carroll in *Alice in Wonderland*:

"If you don't know where you're going, any road will get you there."

The committee majority selected what can only be described as an interim solution. I support the need for this expedient – but only as an interim solution. It is not a plan. Contracting for daytime paramedic and administrative support fails to address the issues of the waning volunteer pool and the increased dependence on the tax payers for funding. No one can predict the future but it can be contemplated.

- Will the committee majority's solution result in greater dependence on the contractor?
- What then?
- Can the three volunteer services remain viable if their dependence on the contractor increases?
- Will the Town of Harpswell be forced to take over?

It is likely that, over time, Harpswell will see an increased need for contracted EMS support. This increasing dependence on outside services can eventually result in any of three conceivable outcomes.

- The Town looks to a contractor for all EMS services
- The Town creates a municipal EMS service
- The Town looks to Harpswell Fire and Rescue, Inc. for all EMS services

A brief examination of these possible outcomes follows.

The Town looks to a contractor for all EMS services

In this possible outcome the loss of volunteers, an increasing dependence on contracted EMS support, and the realization that the Town is funding more and more of the emergency services results in a decision to deal directly with a contractor for all services. The current rescue organizations may or may not continue to function independently; they could become subsidiaries of the contractor. Policy decisions would be handled by the Town.

The Town creates a municipal EMS service

In this possible outcome the loss of volunteers, an increasing dependence on contracted EMS support, and the realization that the Town is funding more and more for emergency services results in a decision to create a municipal EMS service. This is what happened to Goodwin's Mills Fire & Rescue (GMFR).[3]

[3] Source: Information provided by the Committee Chair. See minutes of 12/21/10

When the Goodwin's Mills volunteer organization accepted the fact that they were no longer able to deliver the services needed, the towns of Dayton and Lyman (Maine) formed a joint municipal department and the GMFR assets were transferred to that new municipal organization. If such an outcome were to happen in Harpswell the current rescue organizations may or may not continue to function independently; they could be substations of the municipal department. Policy decisions would be handled by the Town.

The Town looks to Harpswell Fire and Rescue, Inc. for all EMS services

In this possible outcome the chiefs preserve the volunteer nature of their organizations while maintaining the lead in providing emergency services to the Town. They expand the charter of an existing entity, Harpswell Fire & Rescue, Inc. (HF&R), and combine their three organizations into a single volunteer entity serving the Town. Town funds would augment their budgets and HF&R could contract directly with an EMS contractor for necessary services. Unlike the previous two possible outcomes this one retains policy decisions in the hands of HF&R, a volunteer organization.

Other Considerations

Which outcome ultimately obtains is in the hands of the fire and rescue chiefs and the Boards of Directors of their respective organizations. Now is the time to begin the hard but necessary planning that will determine how the people of Harpswell will receive EMS services in the future. I cannot predict which outcome will occur but to delay thinking about it does not serve our townspeople well.

A major and necessary step in preparing for the future involves increasing cooperation between and among the three EMS organizations. In their 2008 report requested by the Town, Emergency Services Consulting inc. (ESCi) concluded that Harpswell would benefit from such increased cooperation among the three volunteer services.[4] Among the elements recommended by ESCi are:

- Develop Standard Operating Guidelines
- Develop a Joint Purchasing Consortium
- Create a Unified Occupational Medicine Program
- Implement a Standardized Computerized Records Management System
- Develop and Adopt Common Training Standards
- Develop an Annual Harpswell Training Plan

Of particular relevance, ESCi recommended the standardization of apparatus, equipment, and supplies. It appears that, to date, no such cooperative action has been taken. And, more unfortunately, during committee discussions one chief flatly rejected the concept of standardization. Nevertheless, the process of standardizing apparatus, equipment, and supplies should begin now because it will take years to implement. The benefits, as the ESCi report points out, are improvements in overall effectiveness and efficiency of daily emergency operations.

[4] Fire and Rescue Services Study Final Report, February 2008, prepared by Emergency Services Consulting inc.

SUMMARY AND RECOMMENDATIONS

Summary

The Selectmen should recognize that:

- The majority report provides an interim solution at best
- The Selectmen are responsible for the public safety systems in Harpswell[5]
- The Town will see fewer emergency service volunteers in the future
- The Town will see an increase in its senior population in the future and that EMS calls will be more complex
- It is time for the fire and rescue services to take active steps to standardize apparatus, equipment, and supplies
- The Town is slowly but surely taking over the funding of the three emergency service organizations and, by default, are accepting the responsibility for EMS
- A strategic plan for the future delivery of EMS services is still needed

An article[6] written about Harpswell emergency services stated that "... several older fire and rescue chiefs want to retire but they are concerned that no one will step into their shoes." If this statement is true then the need for action is immediate.

Recommendations

In order to address the future delivery of EMS services in Harpswell the following recommendations are provided:

The Selectmen should:

- Recognize that the majority report is not a strategic plan but rather a short term expedient
- Require, in return for buying daytime paramedic and administrative support with tax dollars, that the three Harpswell EMS services:
    - Commit to the process of standardization as recommended in the 2008 ESCi report
    - Bill for medical services to help defray the cost to Harpswell taxpayers
- Establish a new committee to develop a still needed strategic plan for EMS delivery
- Involve the Boards of Directors of the three fire and rescue corporations in shaping the future of EMS delivery in Harpswell

In concluding this minority report I draw your attention to the remarks[7] of Ken Brillant, Chief of the Brunswick Fire Department. In a meeting with the committee, Chief Brillant advised that, "all issues are solvable and that the three existing independent organizations need to be open minded and flexible. He urged the three departments to begin thinking in terms of what is best for the Town of Harpswell. "

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[5] Maine Municipal Agency Handbook, Chapter 3, "Executive Functions of the Municipal Officers"

[6] Mid-Coast Forecaster, April 15, 2011, page 21

[7] Committee Minutes 8/2/1011: Remarks to the committee from the Brunswick Fire Chief

Annex B: Dissenting Comments on Recommendations in Majority

Dissent from recommendation 2, page 5, to contract for services from the outside

The committee received words of caution from Ken Brillant, Chief of the Brunswick Fire Department. (See Committee Minutes of June 7, 2011.) He advised the committee to consider the impact on volunteerism as a shift is made to paid response positions. He also cautioned the committee to consider the repercussions of having a contractual relationship with an EMS provider, losing that contract and then being left with a less than adequate volunteer system to quickly assume the full EMS responsibility for the Town of Harpswell. The Committee never discussed or evaluated Chief Brillant's concerns. Therefore I am unable to make an informed judgment on the question.

Dissent from recommendation 4, page 6, to negotiate a sole source contract with Mid Coast Hospital:

Three entities briefed the committee on their willingness to provide dedicated paramedic support services. All said they could perform the functions as they understood them. All indicated their presentations and cost estimates were non-binding. I feel it not appropriate for the committee to recommend any potential contractor at this time since doing so would appear to violate the Town's competitive bid policy. (See: Town of Harpswell Policy Manual, Competitive Bid Policy, as amended August 18, 2011) All three potential providers should be issued a "Request for Proposal" based upon a common, detailed statement of work. Then formal proposals can be evaluated using appropriate criteria and a selection made. The impact of a competitive bid environment will ensure the best value to the people of Harpswell even if only one proposal is received.

EMS STRATEGIC PLANNING COMMITTEE

MINORITY REPORT

and

SUPPLEMENTAL RECOMMENDATIONS

September 13, 2011

Respectfully submitted:
To Town of Harpswell Selectboard
By Katherine Chatterjee, Member
EMS Planning Committee

INTRODUCTION

Rather than rewrite history, an introduction already written succinctly sets forth the dilemmas facing the EMS Strategic Planning Committee when they accepted the charge from Harpswell's Selectboard to develop "a strategic plan to address the future delivery of emergency medical services in the Town."

More often than not, we recreate the wheel rather than look at what has already been explored and achieved. A template to guide us into the future has already been produced. It is a must-read for policy makers and puts into perspective the problems currently facing rural American towns, such as Harpswell, and their volunteer fire and rescue departments. It could be of great benefit to us as we deal with potential changes and resolution of problems in the area of emergency medical services.

This introduction is reproduced directly from one of the documents referenced in our literature search entitled, Rural and Frontier EMS Agenda for the Future: A Service Chief's Guide to Creating Community Support of Excellence in EMS. A copy of this report was provided to each Selectman and is available at the Town Office.

"Ensuring access to high-quality EMS services is growing more and more difficult for EMS ambulance agencies in rural areas around the country. Many rural EMS agencies are finding that it is:

- challenging to understand and successfully respond to changing reimbursement policies, regulation, and community needs,
- hard to recruit and retain quality staff (paid or volunteer),
- complicated to keep up with changing technology,
- challenging to meet the needs of an increasingly elderly population, and
- difficult to 'make ends meet' financially.

"In order to succeed in the future, rural EMS agencies must galvanize community support, develop strong partnerships and collaboration, and utilize new systems to measure performance and enhance quality. Achieving any of these goals is difficult; succeeding in all three areas seems like an overwhelming task. However, there are resources to help rural EMS agencies address these challenges. One such resource is the recently published report, the Rural and Frontier EMS Agenda for the Future. This guide summarizes some of the key elements of the Rural and Frontier EMS Agenda for the Future, and describes the changing health care environment so that rural EMS services can best position themselves to succeed in the future."

RATIONALE FOR MINORITY REPORT

I am submitting this minority report for several reasons even though I voted with the majority on the primary recommendation made to the Selectmen by the EMS Planning Committee. Some of these reasons include, but are not limited to the following:

Town and three independent volunteer EMS departments are partners in seeing that EMS services are available and provided to all Harpswell residents. Problems in providing such services were identified by the EMS departments and as a result, Town established a special strategic planning committee to consider solutions. The committee structure, with no other direction, allowed each fire and rescue chief a vote (2 from each of 3 departments) and an additional three (3) votes for 3 named "citizen" participants, a total of nine votes. Two of the citizen representatives had been either a member of or past officer of an independent service entity; therefore, only one committee member had not been involved with any EMS entity. Additionally, Town played a listening, support role without exercising any vote.

It is my opinion that the committee structure was flawed from its outset. The independent EMS/Fire chiefs should have been treated as a "resource" with no vote just as Town was a "resource" with no vote. As has been recommended by experts, a broad-based committee should have been formed to assess what options and new modalities of service might be available and workable and to make recommendations on how to proceed using input from both resource groups. (Reference: Rural and Frontier EMS Agenda for the Future: A Service Chief's Guide to Create Community Support of Excellence in EMS.) That document provides excellent insight into the problems existing in the delivery of emergency medical services. It provides a structure, information, tools and resources to rural EMS leaders and their partners in order to address solutions to those delivery problems, the decline of volunteers and the ever-increasing regulatory and training burdens facing small community services. Mr. McInnis was one of the guest experts who met with the Planning Committee and is a nationally- recognized expert who worked for and and assisted in writing this report for the U.S. Department of Health and Human Services, Health Resources and Services Admin., Office of Rural Health Policy.

I am, therefore, including as a priority for **Year One a recommendation to create such a broad-based committee as soon as possible** to work with Town and the EMS departments in helping to implement, assess, evaluate and recommend changes to the Planning Committee's proposed recommendation of supplementing volunteer emergency rescue service workers with professional paid staff.

This newly-formed committee could play an important role in helping to accomplish and resolve the Recommendations for Year One as well as the Unresolved Issues Needing Follow Up both of which follow as part of this minority report and which I do not believe were adequately discussed or resolved in our committee deliberations.

STATEMENT OF PROBLEMS IDENTIFIED BY EMS COMMITTEE MEMBERS

Throughout Committee discussions, there was no consensus on exactly what the problem(s) were and the extent to which each contributed to the need for the primary recommendation finally made to the Selectboard by the full Committee. The following list sets forth the problems most often mentioned by committee members, not necessarily in priority order:

- Volunteer EMS departments with agreements to provide services to Town can no longer guarantee provider response to every call
- EMS volunteers are stressed due to diverse administrative, regulatory and training requirements over and above providing services
- Each department has only a small core of volunteers making 24/7 response difficult, if not impossible
- Number of volunteers currently available does not permit scheduling
- Number of volunteers varies due to various circumstances reducing dependability
- Increasing concern that EMS ability to respond may further degrade due to aging and burn out of volunteers, aging of general population and increased demand for emergency medical services
- Recruitment and retention of volunteers becoming critical
- Town, in conjunction with 3 EMS departments, must develop an effective, reliable and affordable plan for delivering needed services in the future
- Quality and performance standards must be continually upgraded

CURRENT STATUS

At this time, the Selectmen have one unanimous recommendation from a committee with quite varying individual and collective interests. I endorsed this recommendation because it was stated that it was the only way the departments could keep and/or increase their volunteer numbers, that volunteers were only willing or able to do certain things for limited periods of time and they needed relief. The recommendation was finally supported by all three departments; however, Selectmen should note that only one department initially supported it. Only in the last month or so has there has been some support by all three departments. There has, however, remained a consistent undertone of discontent with some individuals indicating that if there are to be paid personnel available, they, as volunteers, will not respond to any calls during that period of contracted time.

This is a major cause for concern and sets this experiment up for failure from the beginning. The intent of the recommendation is that there will be a more stable, dependable paramedic presence in Harpswell from 6am to 6pm five days a week, the time purportedly most needing coverage. If the contract employees respond to the first call as proposed, what happens if the current volunteer pool does not respond to the second? Harpswell will be no better off than it is now and must rely on Brunswick's good will as a mutual aid partner and utilize the "fly car" perhaps more often.

The only differences will be that Town will be spending an additional estimated quarter million dollars a year (including costs of services, vehicles, garaging equipment, etc) and creating a disincentive to volunteerism.

MINORITY RECOMMENDATIONS FOR YEAR ONE AND BEYOND

If Town chooses to put the committee's recommendation before the townspeople for a vote and funding, I believe it is imperative that Town sets forth, at a minimum, some very specific, quantifiable performance standards and more importantly specific criteria which can be used to assess and evaluate the extent to which this recommendation alleviates, remediates or enhances the service delivery and administrative problems set forth by the EMS departments which it is supposed to address. On the other hand, the evaluation criteria must also determine if implementation of this recommendation acts as a negative factor to the quality of service delivery and/or volunteer participation.

In order to carry out these ongoing assessment and evaluation methodologies, it is of great importance to have a non-partisan, broad-based group of citizens receiving and reviewing the data and making recommendations for any changes or expansion of services. Town and EMS/Fire Departments would serve as non-voting resources to the committee.

Specific Recommendations for Year ONE follow.

RECOMMENDATONS--YEAR ONE: A MINORITY PERSPECTIVE

I. Create a broad-based, non-partisan committee as soon as possible to work with Town and EMS departments and help to implement, assess, evaluate and recommend changes to EMS Planning Committee's proposal which is to supplement volunteer EMS workers with paid professional staff. This committee should be provided with the services of a facilitator

II. Develop performance standards to be recommended for inclusion in any Town contract for Emergency Medical Services to include among others:

A. Type of provider(s)
B. Location of provider(s)
C.Days/hours of service to be provided
D.Responds to first call--remainder to be covered by current system
E. Other tasks beyond EMS responder, such as:
administrative, quality assurance, training, etc.

III. Define quantifiable evaluation criteria by which success or failure of using contracted services can be determined. Establish baseline data for beginning of contract and each quarter or six-month period thereafter including:

A. Number of volunteers participating by department
B. Number, kind and duration of calls responded to by volunteers by department
C. Number, kind, location and duration of calls handled by contract providers

IV. Determine Town need(s) and cost(s) for housing and garaging contracted EMS personnel and vehicles for current proposed contract anticipating possible future expansion of services

V. Review Town EMS vehicle purchase schedule and adjust accordingly due to current and potential expanded coverage contracts of EMS

VI. Develop best cost estimates for expansion of contract(s) for EMS. Compare costs, advantages and disadvantages of current system to each expansion phase including proposed coverage of 12/5, 12/7, 24/5 and 24/7

VII. Review all issues in Problem List not likely to be resolved by Committee's current recommendation and add to Unresolved Issues Needing Follow Up list

VIII. Review resource document, Rural and Frontier EMS Agenda for the Future, for other issues needing study, discussion and resolution and prioritize by year.

UNRESOLVED ISSUES NEEDING FOLLOW UP

Several issues have been discussed repeatedly in the literature and reports reviewed by this committee. Some of these issues have been brought up in committee meetings and all have been discarded by some for various reasons such as having been tried, unwilling to consider, belief that volunteerism will be negatively impacted to name a few. However, since these issues have been problems addressed and resolved within so many voluntary EMS departments across Maine and the nation, it is recommended that they be addressed as to the advantages and/or disadvantages to the Town and each independent EMS entity in Harpswell. These issues should be addressed both in terms of personal impact on current volunteer providers and their departments as well as potential cost and time savings not only to the departments, but to the Town's taxpayers.

It is strongly recommended that a facilitator be used to every extent possible in exploring these issues as each department and Town have differing points of view. Use of a facilitator was resisted by several committee members until recently. In fact, it was only with a facilitator's participation that progress was made. Without the facilitator, there probably would not be any consensus recommendation from the EMS Strategic Planning Committee this year.

Issues unresolved and in need of follow up include, but are not limited to:

- Billing for EMS by all departments
- Scheduling of volunteers--individual departments versus townwide, drivers only and/or all personnel
- Central command and direction of all EMS personnel, i.e., one EMS chief
- Medical director input
- Consider paying volunteers for on call and scheduled stand-by time
- Compatibility of equipment, methods and forms for training, communications, record-keeping, etc.
- Sharing to every extent possible between departments such as above
- All problems included on Problem List which are not expected to be resolved with the implementation of the EMS Strategic Planning Committee's primary recommendation
- Others to be defined by a newly-formed, broad-based Committee

CONCLUSION

I have learned a great deal about the volunteer community and those who have dedicated themselves to performing extremely valuable, time consuming, sometimes dangerous and emotionally-draining activities. Their contribution to this community cannot be overstated. That is one of the primary reasons I voted to endorse the recommendation to contract for EMS providers for twelve hours a day, five days a week. Success or failure, however, will depend on how all participants respond to the initiative when implemented and whether or not it proves to be helpful to them and the community at large.

The recommendations in this minority report are not in any way meant to disparage the input and efforts of any other committee members. I simply believe we are making good progress in working together, understanding each others' needs and there is much more to accomplish. I also believe the more knowledge and specificity we have, the better the results.

Thank you for your consideration.

Attachment (Available at the Town Office)
Rural and Frontier EMS Agenda for the Future:
A Service Chief's Guide to Creating Community Support of Excellence in EMS

Appendix A -- FACTS PROVIDED BY TOWN AND INDIVIDUAL DEPARTMENTS

Emergency responses in last 10 years (from Town Reports)
Harpswell Neck Fire and Rescue Proposal (May 10, 2010)
Responses of Cundy's Harbor Volunteer Fire Department Rescue Captain (January 16, 2011)
Responses of Orr's & Bailey Islands Fire Department Rescue Captain (January 16, 2011)
Cundy's Harbor Volunteer Fire Department Proposal (February 27, 2011)

Emergency responses in last 10 years (from Town Reports)

Rescue and Fire Calls from Annual Town Reports for 2000-2010 Period

	EMS	Fire	Total
2000	293	127	420
2001	258	166	424
2002	296	159	455
2003	328	198	526
2004	319	184	503
2005	396	210	606
2006	340	240	580
2007	356	333	689
2008	354	210	564
2009	322	152	474
2010	367	208	575

1/5/2011: Town Staff
Updated 2/8/11

A Proposal to Ensure Daytime EMS Coverage for the Town of Harpswell

May 10, 2010

Harpswell Neck Fire and Rescue

PROPOSAL: Town of Harpswell to hire an EMT to provide daytime coverage. This EMT would function as a member of all three departments: HNFR, OBI, CH.

RATIONALE: Harpswell is blessed with a skilled, dedicated, caring group of EMS volunteers. However, when the tone goes out, especially daytime, these volunteers:

1. Are Limited in number.
2. Might find themselves as the only responder.
3. May be working at their regular job, in Harpswell, but unable to respond.
4. May be in a situation from which it is difficult to disengage; such as being home alone with small children, awaiting a delivery, service call, etc.
5. May be "available" but being unable to commit to the length of time the call requires, do not respond. Electronic run reporting has added to the length of a call. The more complex the call, the more time required. Complicated calls may take 3-4 hours or more. With the guaranteed support of a TOWN EMT, a given volunteer would feel free to "first respond" or assist at first part of call, then return to job, etc. once TOWN EMT assumes responsibility for care/transport/run report.
6. Are conflicted and frustrated. These volunteers want to do EMS and do it well, but life and job interfere. It is a sort of "caught in the middle" feeling... frustrating and discouraging, not emotions that engender or encourage volunteerism.

PURPOSE: Provide a support mechanism that allows Harpswell to continue with its present volunteer system and in so doing:

1. Maintain the essence and spirit of volunteer EMS.
2. Ensure daytime EMS coverage. 6:00AM-6:00PM
3. Provide administrative assistance to all three EMS departments.
4. Provide assistance to daytime available EMS responders.
5. Provide option for volunteer daytime responders to "first respond" only or "first respond" AND follow through and complete the call.

OPTIONS

1. Hire at EMT-I (Intermediate) license and keep MC 1 24/7 contract.
2. Hire EMT-P (Paramedic) license and contract MC1 for PM only or keep MC1 at 24/7
3. Hire EMT-I/FF (Firefighter) and expand role to assist with Fire Department duties. Many applicants may have this dual certification.
4. Other

HOURS of POSITION

Monday through Friday, 6 AM to 6PM
12 hour shift, 5 days = 60 Hours of coverage

This position could be configured as:

1. One full time position plus one part time position.
2. Two part time positions.
3. Other

DIVISION of SCHEDULED COVERAGE TIME

1. One third (20 hours) of each week will be spent at each station.
2. TOWN EMT rotation schedule will remain the same, so that each department will know when the TOWN EMT is "in -station" and volunteer EMTs will be able to judge the TOWN EMT's expected travel time to any given call.
3. During this "in-station" time, EMT will complete assigned administrative duties.
4. EMT will not be stationed at the Town Office.

RESPONSE SCENARIO

1. Independent of which station he/she is located, TOWN EMT will respond to all "daytime" calls within the boundaries of Harpswell.
2. HNFR, OBI, CH personnel will continue to respond within their respective areas of coverage, unless responding to a mutual aid request.
3. HNFR, OBI, CH will continue to provide an ambulance driver for each call, either from the toned department or by mutual aid request.
4. HNFR, OBI, CH EMTs will have the option of "standing down" once the TOWN EMT assumes responsibility or may choose to complete the call.
5. MC 1 will not be toned to "relieve" any HNFR, OBI, CH EMT
6. TOWN EMT will radio from which station he/she is responding.
7. TOWN EMT will obey speed limits when responding.

OBLIGATION of TOWN of HARPSWELL

1. Applicant search / hire.
2. Salary/Benefit package.
3. Include at least one of the three rescue chiefs in interviews.
4. Manage sick leave, vacation, etc. to ensure continuity of daytime coverage.
5. Reimburse for "call response" mileage.
6. Hire at EMT-I level or above. This will avoid patient abandonment issues if volunteer ALS (Advanced Life Support) providers need to hand off patient care to the TOWN EMT.
7. Agree to NOT use the EMT apart from CCSO toned EMS call. TOWN is not a licensed EMS provider and EMTs do not have independent practice. When a call is activated, the EMT will be responding as a member of and under the umbrella of either HNFR, OBI or CH rescue.

OBLIGATION of INDIVIDUAL SERVICES

1. Orient personnel as to operations.
2. Provide annual OSHA review.
3. Provide annual TB testing, if needed.
4. Provide "in-house" Quality Assurance review
5. Provide TOWN with annual written performance review.
6. Provide "Affiliate" member status.
7. Provide TOWN and EMT written job description, to include expected administrative duties and other duties that may be assigned.
8. Provide checklists for EMT to record/report completed administrative tasks.
9. Provide desk/administrative space, needed materials, utilities.
10. Equip each ambulance with GPS system to improve response time
11. Designate person to oversee EMT, meet with monthly, and act as liaison with the TOWN.
12. Maintain existing mutual aid agreements.
13. Activate MC 1 as appropriate, not to be activated as a "Back up". MC1 is not a primary response unit.
14. Continue to encourage, support, and recruit daytime available responders.

ADMINISTRATIVE DUTIES: The administrative duties involved with the daily operations of an EMS service are time consuming and ever increasing. Many of these duties could be accomplished by the TOWN EMT. For example, may include, but not limited to:

1. Weekly vehicle maintenance and safety check.
2. Weekly onboard inventory check.
3. Weekly onboard expiration date check.
4. Weekly drug box security tag check.
5. Weekly onboard battery maintenance check/exchange.
6. Weekly vehicle interior/exterior cleanliness check.
7. Weekly supply cabinet check and order as needed.
8. Monthly MCI (Mass Casualty Incident) inventory check.
9. Monthly Fire Rehab inventory check.
10. Monthly Cont. Ed. Status check for all members.
11. Annual Maine EMS inventory check.
12. Conduct annual OSHA review.
13. Conduct OSHA orientation for new members.

CONCLUSION

Much time has been spent in observation of and in listening to the needs and frustrations of our EMS providers. Time has been spent analyzing possible solutions to meet these needs and the EMS needs of the Town of Harpswell. We need to preserve and protect our volunteers... unless we are philosophically and financially ready to move to a paid, Town owned and managed EMS department. Harpswell is fairly unique in its arrangement of being served by three separate, privately owned , EMS departments. This symbiotic relationship has worked well in the past, but to maintain the health and safety of our community, it needs to change for the present and beyond.

The concept presented in this proposal has been reviewed and approved by Southern Maine EMS and Maine EMS.

Questions for Rescue Chiefs : Cundy's Harbor Responses

How many people are on your rescue service in total? *17*

How many are drivers? *8 are drivers exclusively. 7 of the 9 EMT's also are trained as drivers.*

How many are EMTs (by level)? *5 Basic 3 Intermediate 1 Paramedic*

How many are paramedic? *One*

When the alarm sounds what happens initially? (e.g., responders go to station and then to scene together in ambulance; EMTs go directly to scene and ambulance follows ASAP; etc.)

A driver and at least one EMT go to the station. Depending on the circumstances, the first EMT to sign on might go directly to the scene and ask the ambulance to meet them there.

Under what circumstances do you call MC1?

As mandated in our protocols: acute stroke, coma, allergy/anaphylaxis, amputation, severe burn, cardiac arrhythmia, cardiogenic shock, drowning and near drowning, chest pain, childbirth, diabetic emergency, head trauma with altered mental status or abnormal vital signs, narcotic overdose, nausea or vomiting due to pain, multitrauma, organophoshate/carbamide poisoning, pulmonary edema, difficulty breathing, seizures, severe hypothermia, tension pneumothorax. We also ask them to come to structure fires and mass casualty incidents.

Approximately what percentage of calls involve support from MC – 1 ?

We used them about 50% of our runs this year. It varies annually.

Do you have problems responding to calls with adequate personnel?

Our ranks have thinned, and we often find ourselves with just 1 02 2 EMT's instead of several. We have been able to provide the coverage, but it's the same few people over & over, and we are concerned about the size of our squad.

Around the clock?

The timing doesn't seem to matter. It's the same few people. The fact that people have to leave Town to work keeps them away during the day. But somehow at night, we see the same people turning out that were available during the day. The people most likely to make useful EMS volunteers are those who work in Town – or else are retirees.

6 am – 6 pm?

6 pm – 6 am?

Do your members operate under a duty schedule?

One or two prefer that approach, and I work with them that way. The others prefer not to be tied to a schedule. Since these ones are my most reliable responders, we do not operate a schedule for the overall squad.

How do you address recruitment and retention?

Recruitment, despite every initiative we've tried, tends to work best by word of mouth and face to face experiences, such as events.

Do you compensate your members?

If so, how?

To a man or woman, they don't want money. We compensate with free training, uniforms, and as much formal & informal appreciation as we can hand out.

Do you charge for rescue services?

No.

How do you view the ability of your rescue organization to continue providing an acceptable level of service in five years? Ten years?

The problem is that all services are held to the same practices. On the clinical level, this is a good thing. An EMT in Cundy's Harbor will provide the same standard of care as an EMT from Portland, and this is a good thing. However, we are held to the same bureaucratic procedures and reporting as the big services; and these pose ludicrous problems. The State, as mentioned in the St George report, takes no ownership of the damage this does, and encourages us to consolidate. Anyone who advocates "One Harpswell FD" should note that a consolidated Harpswell is still too small a service to make it under the kind of structure the State would like to see. My solution, as an experiment for Cundy's Harbor, is to try hiring out administrative chores to a lieutenant in a big FD, who might see Cundy's Harbor Rescue as a moonlighting piece of cake. I hope then to be able to put my energies into recruitment, retention, and responding. Ten years from now? Who knows? If the State forges ahead with consolidation, we will be forced, I suppose, into some kind of regional model, probably tied to Brunswick. Between 5 and 10 years, Harpswell might hire an administrative assistant who will be available to fill in for any of the services if they don't have any EMT's available that day, but allows the Fire departments to continue on as volunteer organizations.

January 16, 2011

Questions for Rescue Chiefs
Response from Ed Sparks OBIFD

How many people are on your rescue service in total?
OBI has 26 responding members of the department

How many are drivers?
All members of our department are required to have AVOC & EVOC certified training in addition to annual driver training program that we conduct in-house in accordance with VFIS requirements [our insurance carrier]
The majority of our members are crosstrained in multiple job functions. We don't have any members that are just drivers.

How many are EMTs (by level)?
We have nine licensed EMS providers
1 Paramedic
2 EMT Intermediate
6 EMT-Basic
1 EMT-B started Paramedic program Jan 2011

How many are paramedic?

When the alarm sounds what happens initially? (e.g., responders go to station and then to scene together in ambulance; EMTs go directly to scene and ambulance follows ASAP; etc.)

It depends on where the call is in relation to the location of the responders. If the responder has to go by the station enroute to the scene then they go on the ambulance.

Under what circumstances do you call MC1?
When providing proper care for the customer requires a Paramedic level response according to our State protocols

Approximately what percentage of calls involve support from MC1?
35%

Do you have problems responding to calls with adequate personnel?
We have not to this point.

Around the clock?
No

6 am – 6 pm?
No

6 pm – 6 am?
No

Do your members operate under a duty schedule?
NO

How do you address recruitment and retention?
We have several programs being done by our board of directors

a. A compensation points program that provides a stipend annually to active responders based on performance.
b. An active recruitment program that includes a recruitment brochure mailed to all property owners & residents in our coverage area, & a monthly ad in the Anchor.
c. An active grant writing program to supply up to date equipment leading to pride in the department.

Do you compensate your members?
Yes
See above

If so, how?

Do you charge for rescue services?
NO

How do you view the ability of your rescue organization to continue providing an acceptable level of service in five years? Ten years?

If I was to guess , we will be Ok in the five year model based on current age of members and participation levels of active licensed responders.

One of the biggest challenges in the ongoing amount of administrative duties & keeping up with unfunded mandates from the state, causing more time spent as a secretary, CEO and negotiator.

Another issue is keeping the crew motivated to attend the amount of continuing education classes to maintain state licensure when we do so few calls per year. This is a problem with ALL small rural services. Small volume leads to boredom and makes it harder to keep people interested. Providing incentives might make a difference, but I'm not sold on that yet.

We have been very fortunate in gaining the support of our Board of Directors and the community as a whole in response to our efforts. The community lets us know how much they appreciate the services we provide.

Looking into the crystal ball of the future:

1.How do we ensure the appropriate level of response to meet the needs of our residents?

There are many possibilities & models to choose from, some of what is being done currently by all three departments. Comp plans are a starting point by providing a small annual stipend to the volunteers.

Standby call pay for being available is an option, Flat rate per Call pay is another option being explored by OBI on a daytime basis as a means of reducing the personal loss of income from paying jobs while responding to calls for transport to hospitals.

Next would be a hourly rate paid to all responders for the period of time involved with a EMS call. Problems as I see it, are now we become employers and will have a much greater administration load to make this work. Plus the added cost of employer taxes, benefits, and record keeping.

Then we could look into paid town employees as primary responders and using the volunteers as first responders.
Cons of this are very large cost per Pt contact when you include the need for benefits package and number of employees required to cover 24/7.
What will they be doing between calls for service/
This could work if other town employee positions were being done by these licensed EMS providers who left work when called for service.
The town would need to become a State licensed EMS provider and provide management expertise in Emergency operations.

Then there is the possibility of contracting out Emergency Medical Services completely to a third party. Again very large cost basis on a per pt contact . It's very hard to estimate the occurrence of strictly 911 calls in a small community such as ours. Lots of downtime waiting between calls sometimes as much as several days without a single call.

2. How do we sustain the local flavor of the three services currently providing prehospital care to our neighbors?
The town could provide more financial support to the current system allowing the three departments to provide some of the monetary benefits listed above.

3. How can we increase membership of the departments and improve retention and dedication?

The biggest problem as I see it is a small pool of residents to draw from that have time available to dedicate to the time constraints of training , licensing and maintaining those licenses, while still being available to respond to calls. We are an aging community made up of many second or retirement homes. Young families cannot afford to buy into the high priced real estate market or find reasonable rents, and still be able to commit time as a volunteer responder.

Many of our "younger" members are looking for full time employment with benefits away from Harpswell, which often leads to them moving away for more affordable home prices in other areas.

4. What levels of service will be needed as our citizens age and the "Boomer " generation becomes the largest segment of our population?
We can look at the numbers nationwide and realistically come to the conclusion that as we see the average age of citizens climb higher, we will more than likely see more request for service from the EMS system.
What level of service will the community expect? What level of service are the taxpayers willing to fund?

5. What incentives can the community provide to responding members?

Availability of reasonable housing costs is one thing that needs to happen.

Harpswell's attempt at "affordable housing" is far beyond the reach of most young families, & barely in the reach of older well established families.

6. What benefits can the community provide to responders as an incentive to being involved

How about local real estate tax rebates based on years of service to our members.
At 3 years of involvement you would receive a 3% rebate on your property tax, climbing an additional 1 % per year to a cap of 25% at 25 years of service. There should be minimum response requirements in order to accumulate this benefit

This would provide a "REAL " value towards retaining members after we spend a lot of time & money getting them trained, licensed and working as EMT's & Firefighters often only to lose them due to increased demands of families, jobs or being forced to seek opportunities elsewhere..

This is being done in communities across the nation successfully, Some states that have these programs in effect are NY, CT, Ohio, WV & PA.

"To maintain the continuity of Emergency Medical Services to the community, at or above its current level, into the future"

Make use of what's in place. There is, in place, a committed group of trained volunteers, who have deep knowledge of the community and its needs. They are willing & able to maintain specialized equipment, and then get up at 3 AM to use it. The community respects and supports these volunteers.

Understand that "Not being able to DO IT ALL" is not the same as "Not being able to DO IT AT ALL."

Stay with the existing Three Fire Department model. The Fire Departments are viable and energetic local organizations, each of which has a robust working relationship with its community and volunteers.

The Rescue Services have identified two areas of concern:

1) The ability to guarantee 24/7 **coverage**. This does not imply inability to provide coverage at all. The Services want a backup plan for the rare but growing chance that a volunteer is not available at any one time.

2) The ability to cope with an **administrative burden** which saps the energy of those who are willing to make themselves available for emergencies. It's a given in almost all volunteer organizations, that people don't volunteer so they can do paperwork, especially the kind directed toward appeasing insurance carriers and OSHA. Since this has become an integral part of managing an EMS service, and it destroys volunteerism, this function must be hired out if the volunteer portion is to carry on.

Make the least disruptive change to address these concerns. The Rescue Services are accustomed to working with the MidCoast Interceptor Service ("MC -1"), a program which sends a Paramedic, at the request of the volunteers, to a rescue scene to provide specialized care. Currently, these Paramedics serve several towns and sometimes respond from as far away as Bath. **MidCoast Hospital should be approached with a request for proposal for:**

1) A Paramedic to remain within the borders of Harpswell during the daytime, available to respond to calls to Harpswell Neck, Orr's – Bailey Island, and Cundy's Harbor. This service would supplement the system in place, and cover EMS during those times when a volunteer is not available.

2) Administrative assistance from the Paramedic during the time s/he is not engaged on a call. Harpswell has, on the average, just over one EMS/Fire call per day. The Paramedic, as part of the job description, should provide administrative assistance to the three Departments, as they request. Each Department should have the discretion to decide how much or how little administrative assistance to seek.

This model should provide relief to the two major concerns identified by the 3 Departments, while allowing them to continue focusing on their strengths. Volunteerism is still possible, if given some help, and it remains the most cost effective way to cover a complicated and dangerous task.

Cricket Tupper, Cundy's Harbor Rescue 2/27/2011

Appendix B -- COMMITTEE REQUEST

Sample Letter and Questionnaire

Sample Letter

Town of Harpswell

P.O. Box 39
Harpswell, ME 04079

April 8, 2011

Mr. Herbert Paris, President and CEO
Mid Coast Health Services
123 Medical Center Drive
Brunswick, ME 04011

Dear Mr. Herbert:

I am writing to invite the appropriate representatives from your organization to meet with the Town of Harpswell's Fire and Rescue Committee within the next 6-8 week timeframe. This nine-member Committee, appointed by the Board of Selectmen, has been tasked with recommending a strategic plan to the Board for the future delivery of emergency medical services in Harpswell. As this Committee considers various service delivery models and their estimated costs, it has identified your organization as one which might assist the Committee in its exploration and analysis of future possibilities.

Harpswell is currently served by three independent fire and rescue service companies: Cundy's Harbor; Orr's-Bailey Island; and Harpswell Neck Fire and Rescue. These entities, which are staffed entirely by volunteers, are not departments of the Town; however, they have entered into written agreements with the Town to provide emergency services. Each company operates an ambulance which is owned by either the company or the Town. In addition, the Town of Harpswell contracts with Midcoast Hospital for its Fly Car services which provide Advanced Life Support level care when requested.

For various reasons, including the aging of our population, there is growing concern that our volunteer service providers will not be able to sustain their current 24/7 volunteer efforts into the future. Additionally, increased administrative and regulatory duties have been cited as being burdensome to volunteers and negatively impacting volunteer retention and recruitment.

In addition to inviting you to attend an upcoming Committee meeting, the Committee has compiled an attached questionnaire to which it seeks your responses. I plan to follow-up with you in the next two weeks to see if you would be interested in responding and willing to attend an upcoming meeting with the Committee.

Sincerely,

Kristi Eiane

Kristi K. Eiane
Town Administrator

Enclosure

Telephone (207) 833-5771 Fax (207) 833-0058 E-mail harpswell@town.harpswell.me.us

I. Would you consider providing a fly car dedicated to Harpswell?
Note: Understanding that paramedic may be sole responder

A. **24 hours a day/7 days a week** ___Yes ___No
   i. Hospital based ___Yes ___No _____ Estimated Cost
   ii. Town based ___Yes ___No _____ Estimated Cost

B. **6 a.m. to 6 p.m./7 days a week** ___Yes ___No
   i. Hospital based ___Yes ___No _____ Estimated Cost
   ii. Town based ___Yes ___No _____ Estimated Cost

C. **6 a.m. to 6 p.m./Mon.-Fri.** ___Yes ___No
   i. Hospital based ___Yes ___No _____ Estimated Cost
   ii. Town based ___Yes ___No _____ Estimated Cost

D. **In addition, what level of administrative support could be provided and at what cost?**

_____

_____

II. Would you consider establishing a dedicated ambulance service for Harpswell?

A. **24 hours a day/7 days a week** ___Yes ___No
   i. Hospital based ___Yes ___No _____ Estimated Cost
   ii. Town based ___Yes ___No _____ Estimated Cost

B. **6 a.m. to 6 p.m./7 days a week** ___Yes ___No
   i. Hospital based ___Yes ___No _____ Estimated Cost
   ii. Town based ___Yes ___No _____ Estimated Cost

C. **6 a.m. to 6 p.m./Mon.-Fri.** ___Yes ___No
   i. Hospital based ___Yes ___No _____ Estimated Cost
   ii. Town based ___Yes ___No _____ Estimated Cost

D. **In addition, what level of administrative support could be provided and at what cost?**

_____

_____

Appendix C -- RESPONSE TO COMMITTEE REQUEST

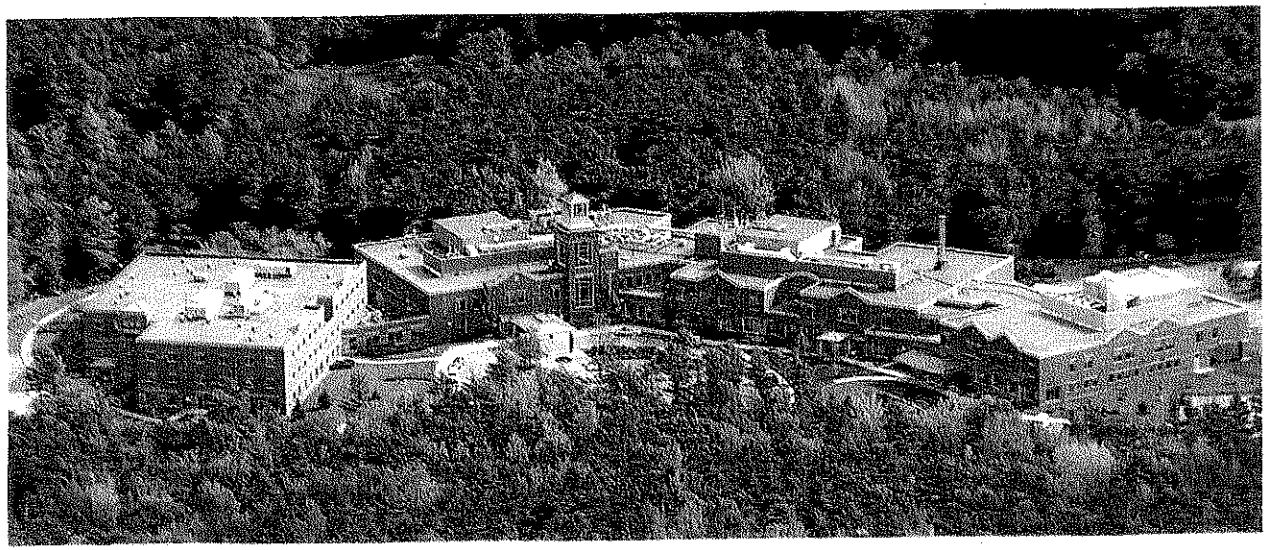
Mid Coast Hospital

Northeast Mobile Health Services

Parkview Hospital

Cost estimate for Town in per diem model

Town of Harpswell
Dedicated Paramedic Coverage



Proposal for Interceptor Service

Mid Coast Hospital

Overview of Proposal

- Mission of Mid Coast Hospital
- Vision: Expansion of the Interceptor Service vs. Dedicated Rescue Service
  - Placement of a dedicated interceptor vehicle staffed with a paramedic, centrally located in Harpswell providing support to the three services. Three options for hours available.
- Our door is open for alternative, creative solutions and partnerships if a dedicated rescue service is desired

Dedicated Paramedic Services

Plan # 1

- 24 /7 coverage

Plan # 2 (0600 to 1800 Sun- Sat)

- 12 hour coverage 7 days a week
- Hours based on call volume history but flexible

Plan # 3

- 12 hour coverage 5 days a week

***The community interceptor service back up would still be available 24/7

Dedicated Paramedic Services

Plan # 1

- 24 /7 coverage
- $345,861

Plan # 2 (0600 to 1800 Sun- Sat)

- 12 hour coverage 7 days a week
- $172,931

Plan # 3

- 12 hour coverage 5 days a week
- $123,183

***Includes vehicle and medical equipment. MCH will make up front capital investments

***For all options, the current fees that are being paid for the community interceptor service are included in this cost

Benefits of Dedicated Coverage

- Experienced paramedic coverage
- Decreased response time of paramedic
- Administrative support
- Cost effective vs. full time rescue service and maintains and supports volunteer services

All Plans Include:

- Back up for 1st and/or 2nd call with the on-call paramedic
  - Dedicated Harpswell Paramedic could be first responder
- Administrative Support (explained next slide)
- Training Program
- Monthly Reports
- Capital Investment (Vehicle and Medical Equipment) Spread over 5 years

Administrative Support

- 100% Ambulance run sheet quality review (not to take over the supervisory responsibilities of the rescue chief)
- Administer mandatory training requirements for ambulance and fire departments based on Bureau of Labor standards
- Maine Fire Service Online Training Program
- CEH (continuing education hours) training at each service per month

Costs Not Included in Proposal

- Office space with heated garage
- Internet connection
- Phone

Questions and Details?

North East
Mobile Health Services

Scarborough . Topsham . Biddeford . Rockport

Town of Harpswell

Proposal for EMS Services

Introduction

North East Mobile Health is pleased to present these proposals for supplying EMS services to the Town of Harpswell including each of the Villages.

We thank the Town for the opportunity to make this presentation.

EMS for small Towns with low volume and populations has always been problematic when we discuss cost. Reimbursements are low due to the low volume and the reimbursement will never cover much more than a small percentage of the cost of maintaining coverage. The difference must be made up through the tax base and subsidies.

Numerous Towns have contacted North East for ideas and how we can help. In most cases the cost is too high. Until regionalization takes place creating some economy of scale costs will remain high. There are only a handful of Towns, if any, the recover their total cost of EMS through reimbursement.

Process

North East investigated 6 alternatives. One of which was ultimately eliminated. They are.

1. Supply daytime crews only 5 days per week 6a-6p.
2. Supply daytime crews only 7 days per week 6a-6p
3. Place a paramedic level truck in town daytimes 5 days per week 6a-6p.
4. Place a paramedic level truck in town daytimes 7 days per week 6a-6p.
5. Place a paramedic level truck in town 24 hours per day 7 days per week.
6. Place a paramedic fly car in town with transport responding from the Brunswick area.

Alternatives 1 and 2 supply crews and North East would use the existing ambulances, quarters and fuel.

Alternatives 3, 4, and 5 include a fully loaded system where North East supplies the crew and ambulance and is responsible for all costs including billing. Since the fully loaded cost includes vehicles, fuel, rent, utilities, etc. there are some cost savings to the Town if an agreement is reached where North East leases space, vehicles, fuel and utilities.

Alternative 6 was eliminated as it required not only a fly car but the addition of another ambulance in our Mid-coast system to support the transport volume. Since an additional truck was needed, the best proposal was to just place that truck in Town.

In every proposal, second calls or mutual aid would be handled by either adjoining Towns as is the case today or possibly supplemental trucks from North East backfilling in Town if available.

Costing

North East as a business, tracks our costs closely. Not only from a fully loaded situation but also the cost of payroll. These costs were used to calculate the total cost of service. For crew and ambulance coverage these are fully loaded costs which include not only the crew and ambulance, but fuel, rent, utilities, billing, dispatch and administrative oversight.

For those alternatives supplying crews only the costs include the payroll costs, benefits, employer taxes, overtime and administrative oversight.

Once costs were calculated we estimated what the annual reimbursement would be based on similar sized towns and a bad debt of 6%. Reimbursement was then subtracted from cost. The difference would be handled by Town subsidy.

To provide perspective, we also included the costs of another municipality for comparison.

Proposals

Alternative 1 – Supply Paramedic and EMT 5 days per week, 6a-6p and utilize existing Town equipment and quarters.

Annual Subsidy $ 115,000

Alternative 2 – Supply Paramedic and EMT 7 days per week, 6a-6p and utilize existing Town equipment and quarters.

Annual Subsidy $ 150,000

Alternative 3 – Supply Paramedic, EMT and ambulance, 5 days per week, 6a-6p.

Annual Subsidy $ 230,000

Alternative 4 – Supply Paramedic, EMT and ambulance, 7 days per week 6a-6p

Annual Subsidy $ 350,000

Alternative 5 – Supply Paramedic, EMT and ambulance 24 hours per day 365 days.

Annual Subsidy $ 750,000

Note: The cost difference from 5 days to 7 days is not a direct comparison as volume of weekends is lower reducing revenue and increasing subsidy.

WE have provided a comparison sheet for your use with the five alternatives and a comparison for the Town of Scarborough based on their 2011 budget.

It should be noted that most municipalities do not include the "hidden costs". They typically do not include the cost of dispatch, human resources, rent, utilities and capitol replacement of vehicles which are found in other budget lines. In this case, the cost of 1.5 M dollars does not include any of those costs so the true cost is actually higher than what we included.

A measure of cost is the Unit Hour Cost or the cost of staffing 1 ambulance 1 hour. As you can see the Unit hour cost for Harpswell would be $ 82.42 fully loaded. Scarborough's unit hour cost is a comparable

$ 88.28 but does not include the cost of ambulance or the other hidden costs.

Conclusion

North East can provide EMS services to the Town of Harpswell but the cost to the Town is significant. We suspect that having the Town hire their own staff, full-time or per diem, may be a more effective choice.

We appreciate the situation the Town is facing when we consider staffing, or the lack of availability of providers, low volume coupled with low reimbursement. The Town is not alone, and many Towns are facing very similar challenges.

We thank the Town for the opportunity to make this presentation.

Scarborough Office
24 Washington Ave
Scarborough, ME 04074

PHONE 207.510.0073
FAX 207.883.5566

EMAIL info@maineambulance.com
www.maineambulance.com

		Transport Vol	Cost / run	Unit Hour Cost	Per Capita cost 4740
Alternative 1					
NEMHS supplies crew 6-6 5 days / week Town supplies housing, utlities, trucks, etc	$115,000	117	$983	$36.86	$24
Alternative 2					
sames as above 7 days per week	$150,000	164	$915	$34.34	$32
Alternative 3 - Paramedic Truck in Town 5 days / week 6a-6p					
Frully loaded - NEMHS Carries all costs Option to lower cost by paying towns for rent, utilities, truck leases.	$230,000	117	$1,966	$73.72	$49
Alternative 4 - Paramedic truck in Town 7 days / week 6a-6p					
Frully loaded - NEMHS Carries all costs 5 days per week Option to lower cost by paying towns for rent, utilities, truck leases.	$350,000	164	$2,134	$80.13	$74
Alternative 5 - 1 paramedic truck in Town 24/7					
Frully loaded - NEMHS Carries all costs Option to lower cost by paying towns for rent, utilities, truck leases.	$750,000	246	$3,049	$85.85	$158
Municipal Example - Town of Scarborough	$1,546,648	1946	$795	$88.28	$82
EMS Budget	$1,546,648				
Revenue Collected	$625,000				
Tax Burden	$921,648				
Population	18919				
Per capita cost	$48.72				
Unit Hour Cost	$88.28				
NET	$481.52				

Scarboroughs Budegt does not include capital replacement, human resources, billing. Dispatch, utilities The hidden costs

Capital - new ambulance annual $153,000

HARPSWELL / CUNDYS HARBOR / ORRS & BAILEY"S ISLAND AMBULANCE SERVICE

OPTION A:

Providing a Paramedic – Towns would provide Ambulance and driver. This would be for 24 hours a day, 7 days a week. Paramedic would be housed at a location decided upon by Towns.

COST approx $156,000

OPTION B:

Providing a crew and Ambulance (Paramedic and other EMT) – 24 hours a day – housed in area (Housing provided by Towns). Each area would still provide a First Responder Service.

COST approx $277,000

OPTION C:

Same as Option B except only 12 hours per day 6 am to 6pm, 7 days a week.

COST approx $138,000

Town Employee Per Diem Approach

Monday through Friday 6am to 6pm (60 hours of daytime coverage)

Personnel Costs		
Paramedic/Administrator for 2 days per week	24 hours x $20 per hour = $480 x 52 weeks = $24,960	$24,960
Other EMTs per diem for 3 days	36 hours x $16 per hour = $576 x 52 weeks = $29,952	$29,952
Town Contribution for Social Security and Medicare (7.65%)		$4,201
		$59,113
Other Potential Costs		
Overhead: Hiring/Supervision/Liability Coverage (6%)		**$3,547**
Vehicle		
Uniforms		
Supplies including medical		
Licensing		
Estimated Cost for Personnel and Overhead		**$62,660**

Monday through Sunday 6 am to 6pm (84 hours of daytime coverage)

Personnel Costs		
Paramedic/Administrator for 2 days per week	24 hours x $20 per hour = $480 x 52 weeks = $24,960	$24,960
Other EMTs per diem for 5 days	60 hours x $16 per hour = $960 x 52 weeks = $49,920	$49,920
Town Contribution for Social Security and Medicare		$5,728
		$80,608
Other Potential Costs		
Overhead: Hiring/Supervision/Insurance/Liability Coverage (6%)		**$4,836**
Vehicle		
Uniforms		
Supplies including medical		
Licensing		
Estimated Cost for Personnel and Overhead		**$85,444**

Assumption: Part-time/per diem personnel; No benefits; Each per diem EMT limited to 24 hours per week
To be determined: (1) Vehicle provided by Town or Employee to use own vehicle; (2) Need for State License; What Cost? (3) Would Town need to provide uniforms and/or any supplies including medical supplies

Provided by Town Administrator for 8/16/2011 Meeting